



## Arizona Medical Board

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### **DRAFT MINUTES FOR REGULAR SESSION MEETING Held telephonically on Wednesday, June 3, 2020 1740 W. Adams St., Board Room A • Phoenix, Arizona**

#### **Board Members**

R. Screven Farmer, M.D., Chair  
James M. Gillard, M.D., M.S., F.A.C.E.P., F.A.A.E.M., Vice-Chair  
Edward G. Paul, M.D., Secretary  
Jodi A. Bain, M.A., J.D., LL.M.  
Bruce A. Bethancourt, M.D., F.A.C.P.  
David C. Beyer, M.D., F.A.C.R., F.A.S.T.R.O.  
Laura Dorrell, M.S.N., R.N.  
Gary R. Figge, M.D.  
Pamela E. Jones  
Lois E. Krahn, M.D.

#### **GENERAL BUSINESS**

##### **A. CALL TO ORDER**

Chairman Farmer called the meeting to order at 8:03 a.m.

##### **B. ROLL CALL**

The following Board members participated telephonically: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.

##### **ALSO PRESENT**

The following Board staff participated in the teleconference: Patricia McSorley, Executive Director; Kristina Fredericksen, Deputy Director; Carrie Smith, Assistant Attorney General (AAG); Mary D. Williams, AAG; William Wolf, M.D., Chief Medical Consultant; Raquel Rivera, Investigations Manager; Michelle Robles, Board Operations Manager; and, Andrea Cisneros, Minutes Administrator.

##### **C. PUBLIC STATEMENTS REGARDING MATTERS LISTED ON THE AGENDA**

Individuals that addressed the Board during the Public Statements appear beneath the matter(s) referenced.

##### **D. EXECUTIVE DIRECTOR'S REPORT**

- Update and Discussion Regarding Compliance Status with National Practitioner Data Bank

Executive Director McSorley reported that the NPDB has determined that the Board is non-compliant with their reporting requirements in that the Board is not reporting non-final non-disciplinary Interim Practice Limitations. She recalled that this issue has arisen during prior audits, and that NPDB has accepted the Board's explanations. Executive Director McSorley explained that the ability to allow licensees to enter into a non-disciplinary Practice Limitations has been an important investigatory tool available to the Board. She pointed out that non-disciplinary Interim Practice Limitations do not include findings of misconduct against

the physician. Executive Director McSorley stated that the NPDB appeared to have new staff members who do not interpret things the same as the previous staff members.

Chairman Farmer stated that the NPDB's interpretation is a potentially significant issue in that should the Board be required to report these types of interim items may result in more resistance to the regulatory process. Chairman Farmer questioned whether the Executive Director has had an opportunity to query other states regarding this issue. Executive Director McSorley stated that she has requested feedback, but has yet to receive a response from other directors. She stated that she planned to call individual Executive Directors to request feedback on this issue. She added that she has attempted to persuade the NPDB that these agreements are not a final Board action and do not include adverse findings. Dr. Beyer spoke in support of obtaining feedback from other state licensing boards on this issue and questioned how many of these agreements resulted in dismissal versus an adverse action. Board staff reported that the data could be further researched for the Board to review at a later date.

- Update on Board Staffing, Meetings and Processes

Executive Director McSorley reported that the majority of staff is teleworking with a skeleton crew that cycles through the office to complete any tasks that require them to be physically in the office.

- Update and Discussion Regarding Recent FSMB Initiatives on Telehealth and Impact on State Licensure

Executive Director McSorley reported that the FSMB discussed concerns regarding pushing Congress to ease the restrictions related to telehealth reimbursement and the practice of telehealth across state lines. She stated that FSMB also discussed the postponement of the skills portion of the USMLE due to the COVID-19 situation, and have considered whether that portion of the USMLE has any real value and whether it should be reinstated after the COVID-19 situation has ended.

Chairman Farmer recognized Executive Director McSorley's active role in FSMB activities, and stated that she brings a lot of knowledge and value to this Board as well as the State of Arizona.

- Update Regarding Status and Potential Changes to USMLE Examination Procedures
- Legislative Update

## **E. CHAIR'S REPORT**

## **F. LEGAL ADVISOR'S REPORT**

- Update Regarding JRA Decision in *Gelety v. Arizona Medical Board*

AAG Williams informed the Board that the Court affirmed the Board's decision to issue a Letter of Reprimand in this case. She stated that the physician has indicated that he will pursue further appeal to the Court of Appeals and counsel has requested that the stay of the Board's Order be extended while pending further appeal. AAG Williams stated that because the Order only involves a Letter of Reprimand with no additional terms or restrictions, the State and staff did not oppose that the stay remain in place while the matter continues on appeal.

The Board directed AAG Williams to communicate with opposing counsel that the Board does not have any objection to continuing the stay of the Board's Order in this matter while the matter continues on appeal.

## **G. REPORT AND UPDATE FROM THE ADMINISTRATIVE JOINT LEGISLATION AND RULES COMMITTEE (ADM/JLRC)**

- Review, Discussion and Possible Action Regarding Recommendation to Adopt Five Year Review Report on Article 3 and 6
- Update on Other Committee Business

Ms. Bain reported that the ADM/JLRC met and discussed the budget and current rules process that may need adjustments as well as items that must be submitted to the Governor's Regulatory Review Council (GRRC). Ms. Bain stated that there were three main items that came out of the meeting, including a five-six year calendar to list five year reviews required by state law as well as potential timing for when those are due. The Committee also discussed a calendar to overlay on the regular Board calendar for meetings in advance, two if not four times a year that the Committee will potentially agree to in the coming weeks. Ms. Bain stated that the Committee also discussed that all deadlines for the ADM/JLRC will need to be jointly approved if extensions or if required by Chair. Ms. Bain stated that draft language was disseminated among Board members for consideration of the five year review report. Executive Director McSorley confirmed that the deadline for submission was approaching, and asked that the Board consider delegating to the Executive Director, Chairman Farmer, and Ms. Bain as Committee Chair the authority to approve any further modifications to the proposed draft language.

**MOTION: Ms. Jones moved to delegate to the Executive Director, Ms. Bain, and Chairman Farmer the authority to approve any further modifications to the proposed draft language.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

## **H. DISCUSSION REGARDING DEBRIEFING ON BOARD PROCESSES**

Chairman Farmer commented that the Board's meetings continue to improve and thanked the staff for their efforts. He reported that the Board's August 2020 meeting will be held on one day only, and that a decision has not yet been made regarding whether it will be held in person versus telephonically. Chairman Farmer recalled the Board starting last month's teleconference at 3:00 p.m. rather than the usual 5:00 p.m. start time, and asked other members to comment on whether the start time should be changed for the Board's upcoming teleconference scheduled for July 2020. Vice-Chairman Gillard stated that he was comfortable with starting the meeting earlier. Ms. Bain stated that it was difficult for her to clear her schedule for the 3:00 p.m. start time. Dr. Beyer also spoke in support of starting the Board's meeting around 5:00 p.m. as starting earlier impacts his ability to see patients. Dr. Krahn stated that due to her schedule, she would need more advanced notice for a change in the meeting start time, and spoke in favor of the July 2020 meeting starting at 5:00 p.m. Chairman Farmer thanked the members for their valuable feedback on this issue.

Chairman Farmer questioned Board staff as to the length of the Board's next meeting agenda. Ms. Robles reported that there are a number of cases with recommendations for Advisory Letters, Advisory Letters with Non-Disciplinary CME Orders, Request for Review of ED Dismissal, and Dismissals in addition to one case with a signed proposed Consent Agreement. She informed the Board that licensing application cases may be added as well. Ms. Robles reminded the Board that its 2020 meeting calendar was previously approved by the Board with 5:00 p.m. teleconference start times, and also reported that the cases scheduled for the July 2020 meeting have been noticed for a 5:00 p.m. start time.

Ms. Jones requested a progress update regarding the Board's ability to hold its virtual meetings via the Zoom platform. Chairman Farmer stated that the Deputy Director continues to work hard on this issue, and noted that the Board previously discussed testing the platform for a Committee meeting with less participants. Dr. Figge commented that in-person meetings are ideal for conducting Formal Interviews, and that it was unclear how the Board would benefit from conducting its meetings via Zoom, noting that the teleconferences have been sufficient. Dr. Figge commended Board staff and stated that he has been unbelievably impressed with how well the Board's lengthy teleconferences have been successfully conducted. Dr. Beyer stated that based on his experience with Zoom, the platform would require at least one or two dedicated staff to manage the meeting via Zoom. Dr. Krahn pointed out that one benefit of holding meetings via Zoom involved document sharing. Chairman Farmer agreed that the document sharing feature would be of great benefit during the Board's discussions. Ms. Jones stated that her experience with Zoom has been successful, and recognized that the meetings require dedicated staff to manage the meeting controls.

## **I. APPROVAL OF MINUTES**

- April 7, 2020 Teleconference Meeting, including Executive Session
- April 7, 2020 Special Teleconference Meeting
- April 21, 2020 Summary Action Teleconference Meeting
- April 28, 2020 Summary Action Teleconference Meeting

Dr. Beyer was recused from the April 28, 2020 Summary Action Teleconference Meeting.

Ms. Jones requested Dr. Figge clarify a comment captured in the Board's April 21<sup>st</sup> meeting minutes. Dr. Figge confirmed his comment made regarding whether or not the physician was receiving the Board's notices. Ms. Jones pointed out that page 3 of the Board's April 28<sup>th</sup> minutes listed the Board's vote, but did not reflect the individual Board members' votes. Board staff confirmed that those minutes will be corrected to include individual Board member votes on the item in question.

**MOTION: Ms. Jones moved for the Board to approve the April 7, 2020 Teleconference Meeting, including Executive Session; the April 7, 2020 Special Teleconference Meeting; the April 21, 2020 Summary Action Teleconference Meeting; and, the April 28, 2020 Summary Action Teleconference Meeting with direction to staff per the Board's discussion.**

**SECOND: Dr. Paul**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse (one recusal noted for the April 28, 2020 Summary Action Teleconference Meeting), 0-absent.**

**MOTION PASSED.**

## **LEGAL MATTERS**

### **J. FORMAL INTERVIEWS**

1. MD-18-1186A, MATTHEW J. SEIDEL, M.D., LIC. #32887

Complainant LF addressed the Board during the Public Statements portion of the Board's meeting.

Dr. Seidel participated in the teleconference with Attorney Andrew Plattner during the Board's consideration of this matter. Dr. Beyer stated that he has worked with Mr. Plattner in the past, but that it would not affect his ability to adjudicate the case.

Board staff summarized that the Medical Consultant (MC) identified deviations from the standard of care relating to failure to perform and document an appropriately detailed

physical exam, failure to obtain and/or reveal concerning diagnostic study results to the patient, and no documentation of a discussion with the patient regarding surgery. Patient LF underwent hip arthroplasty on February 15, 2017 performed by Dr. Seidel, following which LF was noted to be ambulating with a severe limp. Four days after surgery, LF was noted to be ambulating with the assistance of a walker and findings were noted one exam, including limited extension. X-rays were subsequently obtained, but it was not clear whether the studies involved the patient's knee or hip. On April 25, 2017, LF presented to the emergency room complaining of worsening right hip and knee pain as well as deterioration of function. The prosthesis was noted to have mild loosening at the femoral component. There were no progress notes in the patient's chart from Dr. Seidel from the hospitalization. A complex fluid collection was noted on ultrasound of the right lower extremity, in the anterior right thigh region. Dr. Seidel dictated that the patient's work up revealed normal studies and blood work, and that the ultrasound showed no fluid collection. Pain management was consulted for musculoskeletal ultrasound and possible diagnostic injections. LF returned to the physician's office on June 6, 2017 and no anterior device was reported on exam.

Dr. Seidel reported that he is board certified in orthopedic surgery, and that he has been practicing medicine for 15 years. He stated that femoral stem loosening that was noted in this case is a well-known complication of hip arthroplasty, and that this was not due to a failure to meet the standard of care. He stated that all of the patient's records contained documented examinations and that he takes recordkeeping and documentation seriously. Dr. Seidel reported that he recently completed an online documentation and coding class, for which he received 10 CME credits. He stated that he was sorry and upset that the problem with the femoral stem occurred in this case, and reiterated that this is a known complication of hip arthroplasty.

In response to Vice-Chairman Gillard's questioning, Dr. Seidel explained that frequent updates to the electronic medical records software caused some issues within the system that have since been resolved. Vice-Chairman Gillard noted that the MC had concerns that Dr. Seidel chose the wrong sizes for the prosthesis. Dr. Seidel stated that the x-rays taken in the immediate postoperative setting to determine fit, alignment and orientation showed that the prosthesis was appropriately fitted. Dr. Seidel assured the Board that he used temporary implants until a good fit was identified on x-ray. He stated that in preparation for today's proceedings, he re-reviewed the studies taken during surgery and that he found that the prosthesis appeared to fit well.

In his closing comments, Mr. Plattner stated that based upon the information gathered in this case and the physician's testimony, none of the allegations are supported. He stated that Dr. Seidel is on the forefront of this particular issue and has been responsive to the Board. Mr. Plattner stated that based on the findings, the Board should determine that the physician has not only met, but exceeded the standard of care in all aspects. Board staff clarified that the MC in his supplemental response described playing around in element of EMRs in both family practice as well as orthopedic surgery notes. Board staff also clarified that Dr. Seidel's office notes at follow up with LF after the April 20<sup>th</sup> hospitalization described findings as normal with no qualifications.

Vice-Chairman Gillard stated that he recognized that each of the patient's complaints appear to have been addressed. He stated that while he did not find issue with the quality of care in this case, he did find unprofessional conduct with regard to inadequate medical records.

**MOTION: Vice-Chairman Gillard moved for a finding of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) for inadequate medical records.**

**SECOND: Dr. Figge**

Dr. Figge spoke in support of the motion and stated that if part of the record is wrong, it is difficult to verify what, if anything, in the records is right or wrong due to the inaccuracies. Dr. Paul also spoke in favor of the motion and stated that the records in this case were not accurate. Dr. Bethancourt stated that while he is puzzled as to how the patient had two failed prostheses, he supported finding unprofessional conduct in relation to medical records only. Dr. Beyer spoke against the motion and stated that the flaws identified in the medical records do not rise to the level of unprofessional conduct. Dr. Krahn agreed with Dr. Beyer's comments, and stated that although there is room for improvement in the physician's recordkeeping, the issue was not significant enough to have misled the read as to what the plan was and that the inaccuracies were relatively minor.

Chairman Farmer stated that he concurred with Dr. Beyer's and Dr. Krahn's comments, and stated that he did not find that the records issues identified were significant. Vice-Chairman Gillard stated that while he was sympathetic to the bad outcome in this case, he did not find fault with the physician's care. He stated that he supported the motion as the records could have been better.

**VOTE: The following Board members voted in favor of the motion: Vice-Chairman Gillard, Dr. Paul, Ms. Dorrell, Dr. Figge, and Ms. Jones. The following Board members voted against the motion: Chairman Farmer, Ms. Bain, Dr. Bethancourt, Dr. Beyer, and Dr. Krahn.**

**VOTE: 5-yay, 5-nay, 0-abstain, 0-recuse, 0-absent.  
MOTION FAILED.**

**MOTION: Vice-Chairman Gillard moved for dismissal.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, and Dr. Krahn. The following Board member voted against the motion: Ms. Jones. The following Board member abstained: Ms. Bain.**

**VOTE: 8-yay, 1-nay, 1-abstain, 0-recuse, 0-absent.  
MOTION PASSED.**

2. THIS CASE WAS PULLED FROM THE AGENDA.

## **K. REVIEW, DISCUSSION AND POSSIBLE ACTION REGARDING SUMMARY ACTION**

1. MD-19-0317A, ALDEMIR T. COELHO, M.D., LIC. #12445

Dr. Coelho participated telephonically during the Board's consideration of this matter, without legal representation. When asked if he was aware that he had the right to be represented by an attorney in this matter, Dr. Coelho stated that he was not aware and would like to proceed with counsel present.

**MOTION: Ms. Bain moved for the Board to enter into Executive Session to obtain legal advice pursuant to A.R.S. § 38-431.03(A)(3).**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.  
MOTION PASSED.**

The Board entered into Executive Session at 9:31 a.m.

The Board returned to Open Session at 9:41 a.m.

No legal action was taken by the Board during Executive Session.

Chairman Farmer stated that due to the urgent circumstances that require the Board to consider emergency summary action of the license, and because the licensee has been offered the opportunity to retain legal counsel previously during the course of the investigation, the Board will proceed with consideration of emergency summary action in this case.

Board staff summarized that in March of 2019, the Board initiated this case after receiving a complaint regarding Dr. Coelho's care and treatment of the patient on March 8, 2019. The Board's MC found that while the standard of care was met with regard to the complaint, there were no visit notes for the date in question, the physician's medical decision making was not clear, and serious communication issues between the doctor and patient were identified. The MC noted that the complete patient file was not initially provided for review, and after Dr. Coelho provided additional records, the MC identified deviations relating to accurate and proper recordkeeping practices. Dr. Coelho was previously disciplined by the Board and required to obtain CME in medical recordkeeping, which the physician completed in July 2017. Board staff reported that many of the patient's visits in this case were noted to have occurred after Dr. Coelho's completion of the Board-ordered CME.

SIRC returned the case for further investigation to issue an Interim Order for the physician to complete a competency evaluation. Dr. Coelho initially scheduled the evaluation, and Board staff was subsequently notified by the evaluator that the physician cancelled the appointment citing medical reasons. Board staff reported that Dr. Coelho has not completed the competency evaluation to date, in violation of the Interim Order. Dr. Coelho later contacted Board staff to request that he be allowed to present for the evaluation after completing his medical treatment, and had informed Board staff that he planned to continue practicing via telemedicine in the interim. Dr. Coelho had stated that he had not accepted new patients into his practice since last year, and that he issues Suboxone refills to addiction patients that have been part of his practice for some time. One week later, a CSPMP database report revealed that Dr. Coelho had prescribed more than Suboxone to his patients, and additional records were requested for a chart review of the physician's prescribing of controlled substances.

Dr. Coelho was offered an Interim Consent Agreement for Practice Restriction prohibiting him from prescribing controlled substances while this matter was pending, based on his failure to comply with the Interim Order to complete a competency evaluation secondary to his health issues. Dr. Coelho declined to sign the Interim Consent Agreement, and requested to appeal the decision to the full Board. Board staff conducted an onsite inspection in an attempt to retrieve the additional patients' charts but were unsuccessful and Dr. Coelho hand-delivered the charts to the Board's office later that day.

Dr. Coelho pointed out that the complaint in this case was not filed by the patient, but rather, by the patient's daughter. He stated that the MC's review did not identify concerns regarding his treatment and care of the patient. He explained that due to COVID-19, the competency exam was initially postponed. He subsequently was diagnosed with a medical condition and requested that the evaluation be further postponed until he has completed medical treatment. Dr. Coelho reiterated that the MC did not find issues with his treatment of the patient referenced in the complaint to the Board.

Dr. Krahn expressed her concerns regarding the information gathered in this case. Dr. Krahn spoke in support of emergency summary action as she found that there is a potential imminent threat to public safety. Dr. Bethancourt also spoke in support of emergency summary action.

**MOTION: Dr. Krahn moved for the Board to summarily suspend Dr. Coelho's Arizona medical license based on the finding that the public health, safety, or welfare imperatively requires emergency action by the Board.**

## **SECOND: Dr. Bethancourt**

Dr. Paul spoke in support of the motion and stated that while the current COVID-19 situation and the health of the licensee are concerning, public safety is paramount.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

## **L. FORMAL INTERVIEWS**

### **1. MD-19-0241A, MARIA S. POSADAS, M.D., LIC. #35890**

Dr. Posadas participated in the teleconference with Attorney Andrew Barbour during the Board's consideration of this matter.

Board staff summarized that the Board initiated this investigation after receiving notification from a clinic alleging that Dr. Posadas was copying and pasting or "cloning" notes, failed to maintain adequate records, and failed to timely complete multiple records during her tenure at the clinic. It was also alleged that the licensee was falsifying documentation and obtaining a fee by fraud or misrepresentation. According to documentation provided by the clinic, Dr. Posadas was counseled on concerns relating to late notes that resulted in multiple corrective action plans. AC. The clinic reported that they intended to terminate the licensee due to continued disregard to complete records in a timely fashion; however, Dr. Posadas resigned from the clinic while under investigation. Board staff additionally reported that Dr. Posadas failed to update the Board with her contact information, as required by statute.

In her opening statement to the Board, Dr. Posadas stated that she thoroughly evaluated all paperwork submitted, and that the investigation resulted in erroneous findings. Dr. Posadas stated that while she could have kept better records, she maintains that she never falsified documents. Mr. Barbour stated that there is no clear and convincing evidence in this case to support findings that Dr. Posadas engaged in unprofessional conduct. Mr. Barbour summarized what he believed to be inaccuracies in the Board's investigation with regard to each patients' chart reviewed. He also argued that statute does not authorize the Board to find unprofessional conduct on the basis of the licensee's failure to maintain updated contact information with the Board. Mr. Barbour added that Dr. Posadas did not violate statute by failing to provide requested information in a timely manner as he believed the information was not "legally" requested.

Ms. Jones led the Board's questioning and reported that she reviewed the Board's file in its entirety. She questioned the licensee with regard to each discrepancy noted in the individual patients' charts. Dr. Posadas explained that she attempted to reach out to her superiors at the clinic to obtain assistance in completing the charts timely, and stated that she was unsuccessful in doing so and that she felt as though she did not have the proper support. Dr. Posadas stated that she practiced in a solo setting under the umbrella of the clinic, and that she worked with a practice manager who was also responsible for multiple solo practices under the clinic. Ms. Jones observed in her review of the compliance documentation from the clinic that there were ongoing discussions regarding billing and incomplete charting dating back to 2016. Dr. Posadas stated that she had a busy solo practice and was seeing around 20 patients a day, and tried her best to give her attention to the patients, and that issues with the EMR system and lack of support led to the records being completed untimely.

Dr. Krahn noted the concerns relating to the timing of notes. She questioned the licensee regarding her office policy for timely completion of charting. Dr. Posadas stated that she



believed the policy called for records to be completed within 48 hours from the date of service. When asked how the physician would track her workflow of records that were incomplete, Dr. Posadas explained that she kept a running list of visits she needed to chart as there was no mechanism for her to do so within the EMR system. Dr. Posadas stated that the backlog of charts would rarely take more than a week for her to complete. The Board noted that the compliance department report demonstrated that there were at times a one-month delay in completing records. Dr. Bethancourt noted that Dr. Posadas was fined by the clinic for incomplete records in 2017 and again in 2018. Dr. Posadas stated that she appeared before the executive committee and voiced her concerns over the lack of support from their end and felt that they did not take into account the issues she encountered with the EMR. Dr. Posadas stated that the clinic did not offer her any form of remedy to alleviate the issues with her timeliness of completing charts.

Dr. Figge observed that the clinic issued corrective action plans and met with licensee on occasion to support and monitor her timeliness of completing medical records. Dr. Posadas reiterated that help was not offered, and that she requested assistance that was never provided. She stated that as a solo practitioner, she did not have the time to continue to follow up on her requests daily and that her main focus was taking care of her patients. Dr. Figge noted that the review report dated December 7, 2016 instructed the physician to complete and sign all notes within two business days from the date of service, and offered the physician to block one day per week to complete charts. Dr. Posadas stated that this did not happen, and that there was no attempt to block her schedule. Dr. Beyer questioned the licensee regarding her failure to maintain current contact information with the Board. Dr. Posadas stated that once she became aware of this issue, she did provide the updated contact information to the Board. Dr. Beyer noted that according to the SIRC report, it took the licensee two months to update her contact information from the time that she was initially notified in October of 2019. Dr. Posadas stated that she did not know why there was a delay and that her mail was going to the wrong address.

In his closing statement, Mr. Barbour stated that there is no evidence to support falsification of records. He stated that the Board's interpretation of the law was incorrect and that the physician spoke thoroughly and competently to address the Board's concerns regarding the adequacy of the medical records. Board staff clarified that the investigator was communicating with Dr. Posadas via telephone and email with requests to update her contact information on file with the Board. Board staff reported that Dr. Posadas was fined while she was working at the clinic on two different occasions, and pointed out that the clinic documented efforts with corrective action plans provided to the licensee. Specifically, Dr. Posadas was offered EMR training, macros were built into the system to assist her with workflow, coding reviews were periodically performed, individuals from the compliance office met with the physician at times on a weekly basis, educational sessions were provided, and assessments were performed relating to coding compliance reviews and audits. Board staff stated that there appeared to be multiple efforts made by the clinic to bring their concerns to the physician's attention, and that concerns were raised regarding some discussions about failure to take responsibility or the minimization of the clinic's concerns. Board staff further reported that at times, there were 10-45 records that were left open for at least one month, and that Dr. Posadas was offered the ability to block a half-day in her schedule with no further discussion of that within the record.

Ms. Jones stated that she found Dr. Posadas engaged in unprofessional conduct for reasons as stated by SIRC.

**MOTION: Ms. Jones moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(a), (e) and (ee) for reasons as stated by SIRC.**

**SECOND: Dr. Krahn**

Dr. Bethancourt spoke in support of the motion and stated that the records demonstrated that in 2017, there were a total of 73 charts that were delinquent for several months, concerns regarding cloning. Dr. Bethancourt stated that he found the physician's comments that the company was male-dominant to be non-factual. Dr. Bethancourt pointed out that the number of board members in the Peer Review Committee included 7 females and 6 males. Dr. Bethancourt expressed concerns that the physician appeared to not take responsibility for the delinquency in her records.

Dr. Figge requested comments from the Board's Legal Advisor to address concerns raised by counsel regarding providing requested information in a timely manner and failure to update contact information with the Board. AAG Smith clarified that the licensee was cited for violating A.R.S. § 32-1401(27)(a), the basis for which was the licensee's failure to timely update her contact information with the Board pursuant to A.R.S. § 32-1435(A). AAG Smith stated that the violation of A.R.S. § 32-1401(27)(ee) was based on the licensee's failure to furnish information in a timely manner to the Board if legally requested by the Board. AAG Smith stated that she disagreed with counsel's interpretation of the word "legally," and stated that the statute has been interpreted by the Board in the past to include any authorized request. AAG Smith explained that the Board's standard investigation processes involves an initial response from the licensee, which was not done in a timely manner and that failure do so stands at the basis for this violation.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

Ms. Jones stated that based on her review of the case, it appeared that the licensee was offered help, and that based in part on the licensee's December 2019 email to the Board, she did not appear to take responsibility in this case. Ms. Jones spoke in support of SIRC's recommendation for discipline.

**MOTION: Ms. Jones moved for draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Probation. Within six months, complete no less than 10 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding medical recordkeeping. The CME hours shall be in addition to the hours required for license renewal. The Probation shall terminate upon proof of successful completion of the CME coursework.**

**SECOND: Dr. Paul**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

2. MD-18-0822A, MD-19-0190A, RICHARD A. RUBEN, M.D., LIC. # 44981

Dr. Figge was recused from this case. Dr. Ruben participated in the teleconference with Attorney Dan Cavett during the Board's consideration of this case.

Board staff summarized that case number MD-18-0822A was initiated after receipt of a complaint regarding Dr. Ruben's care and treatment of husband and wife, JP and SP, alleging failure to authorize prescription refills timely, failure to diagnose, and inappropriate discharge. The MC who reviewed the case found that Dr. Ruben deviated from the standard of care in his treatment of JP by inappropriately prescribing Fentanyl in substitution of OxyContin for management of opioid use disorder. The MC found that in

the case of SP, Dr. Ruben failed to perform and document examination of the patient status post fall with right hip pain, and that the licensee's progress notes consisted mainly of medications and lab test results. Board staff further summarized that case number MD-19-0190A was initiated after receipt of a complaint regarding Dr. Ruben's care and treatment of a patient alleging inappropriate prescribing resulting in patient overdose. During the investigation, Board staff queried the CSPMP database and two additional patients' charts were selected for determine whether a pattern of inappropriate prescribing of controlled substances existed. The MC who reviewed the case found that Dr. Ruben deviated from the standard of care by prescribing opioids for chronic use without clinical rationale, routinely prescribing opioids exceeding the suggested MME per day often in connection with benzodiazepines and Soma, and failure to review the CSPMP database and perform routine urine drug screens prior to prescribing controlled substances. .

In his opening statement to the Board, Mr. Cavett stated that Dr. Ruben has never personally initiated a patient on opioids or narcotics and that his pain management patients made up less than 10% of his overall practice. Mr. Cavett reported that Dr. Ruben has ceased treating any pain management patients and prescribing opioids. He stated that the physician has been in the process of transferring all pain management patients to pain management specialists. Mr. Cavett discussed each criticism of the MCs in the cases, and stated that he treated the patients appropriately. He pointed out that the MC in case number MD-19-0190A found that the physician did not violate the standard of care as it pertains to inappropriate prescribing and medication management, and that the deviations identified taken both separately and collectively do not constitute a violation of the standard of care. Mr. Cavett stated that Dr. Ruben's prior Advisory Letter did not involve similar prescribing issues as identified in the current cases.

In response to Dr. Bethancourt's line of questioning, Dr. Ruben explained that he believed patient SP may have acquired MRSA endocarditis during her hospitalization for hip surgery, and that he was treating JP's chronic pain that was a result of both his rheumatoid arthritis and cervical radiculopathy. Dr. Bethancourt questioned the physician regarding switching patient JP from OxyContin to Fentanyl patch and the dosing schedule employed. Dr. Ruben stated that he did not want to maintain the prescribing of methadone by himself for long term, and that he tried referring the patient to pain management. Dr. Ruben stated that he could not provide a good rationale for keeping the patient at q 4 and not adjusting the dose over time. Dr. Bethancourt expressed concern that the patient was replacing a 72-hour Fentanyl patch every 48 hours. Dr. Ruben explained that his goal was to have the patient cease use of OxyContin and Oxycodone, and agreed to prescribe every 48 hours to see how the patient would manage on that dose. Dr. Ruben reported that the patient did well with treatment for 1.5 years, and that he tried to accommodate the patient's pain levels.

Dr. Ruben assured the Board that while the patients' chart may not have included CSPMP reports, the reports were obtained and reviewed prior to seeing the patients. Dr. Ruben stated that JP never complied with referrals to pain management specialists. He stated that he did consider withholding prescriptions when JP was non-compliant with the treatment, but he did not want the patient to go into medication withdrawals. In closing, Dr. Ruben stated that he never initiated a new opioid prescription for any patients, and that the majority of the patients he treated for chronic pain were patients he inherited from other doctors and were already prescribed the medications. Dr. Ruben stated that in September of 2019, his office disseminated certified letters regarding the practice transitioning all chronic pain patients to pain management and included the names of available specialists. Mr. Cavett stated that the MCs who reviewed the cases found that the physician did not violate the standard of care, and he stated that the complaints should be dismissed.

Dr. Bethancourt stated that he found the physician engaged in unprofessional conduct in relation to inadequate medical records.

**MOTION: Dr. Bethancourt moved for findings of unprofessional conduct in violation of A.R.S. § 32-1401(27)(e) for reasons as stated by SIRC.**

**SECOND: Dr. Paul**

Dr. Bethancourt stated that he did not find evidence to support the allegations of failure to meet the standard of care in the cases. He stated that issues were identified in the recordkeeping that made it difficult to ascertain what was being treated. Dr. Beyer stated that he agreed with Dr. Bethancourt's comments, and that his concerns in this case involve the recordkeeping in that it was difficult for him to follow the physician's thought process when reviewing the record.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Ms. Jones, and Dr. Krahn. The following Board member was recused: Dr. Figge.**

**VOTE: 9-yay, 0-nay, 0-abstain, 1-recuse, 0-absent.**

**MOTION PASSED.**

Dr. Bethancourt stated he found that these matters do not rise to the level of discipline, and spoke in support of issuing a non-disciplinary Advisory Letter.

**MOTION: Dr. Bethancourt moved for the Board to issue an Advisory Letter for inadequate medical records. There is insufficient evidence to support disciplinary action.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Ms. Jones, and Dr. Krahn. The following Board member was recused: Dr. Figge.**

**VOTE: 9-yay, 0-nay, 0-abstain, 1-recuse, 0-absent.**

**MOTION PASSED.**

## **M. FORMAL LICENSING INTERVIEWS**

1. MD-19-0812A, KWABENA A. BOATENG, M.D., LIC. #N/A

Dr. Boateng participated in the teleconference with Attorney Brianna Jagelski during the Board's consideration of this matter.

Board staff summarized that Dr. Boateng disclosed a malpractice settlement on his license application, but failed to report prior disciplinary actions issued by the Illinois Board in 1995 and 2015. Dr. Boateng reported that he is board certified in obstetrics and gynecology, and that he has been practicing medicine since 1992. He recognized that he failed to disclose the prior Illinois Board sanctions, and stated that he interpreted the application question to ask for action taken by any other state than Illinois. Dr. Boateng stated that he had no intention of misleading the Board, and that the care involved in the malpractice claim that resulted in the 2015 action was the most difficult case he has encountered in his whole career.

Dr. Beyer stated that he recognized the tragic outcome in the case that led to the malpractice claim and Board discipline and questioned the applicant regarding his interactions with the Illinois Board relating to both prior sanctions. Dr. Boateng explained that the 2015 matter resulted in the Illinois Board finding that the physician allowed his NP to manage the patient predominantly and failed to adequately supervise the patient's care. Dr. Boateng stated that he should not have allowed that to occur in a high risk

pregnancy patient, and reported that he no longer works with the NP. Vice-Chairman Gillard observed that Dr. Boateng disclosed the malpractice case on his license application, which is what led to the Illinois Board action, and that he did not believe the physician was trying to hide the information from the Board. The Board noted that the 1995 sanction was a result of the Illinois Board finding that Dr. Boateng allowed his license to lapse and continued to practice for a period of time. Dr. Boateng reported that his Illinois medical license is currently active and unrestricted.

Dr. Beyer stated despite the issues that surround the answer to question #2 on the licensure questionnaire, he believed that the information centered on the one prior malpractice case. Dr. Beyer observed that Dr. Boateng has practiced without incident for a number of years in Illinois and that he is board certified in obstetrics and gynecology. Dr. Beyer stated that while the application was filled out incorrectly, he believed the applicant acknowledged the Board's concerns and should be issued a license. Dr. Beyer stated he did not find there was any intent to deceive the Board.

**MOTION: Dr. Beyer moved for the Board to grant licensure.**

**SECOND: Dr. Gillard**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

2. MD-19-0956A, HANI Y. EL-OMRANI, M.D., LIC. #N/A

Dr. El-Omrani participated in the teleconference during the Board's consideration of this matter.

Board staff summarized that the Board considered this case at its April 2020 teleconference and voted to invite the applicant for a Formal Licensing Interview. Board staff stated that Dr. El-Omrani was placed on academic probation during his first year of postgraduate training, failed to remediate the noted deficiencies, and as a result did not receive credit for PGT-Y1 and was dismissed from the training program. Board staff also summarized that Dr. El-Omrani failed to provide an affirmative answer to question #3 on the application questionnaire and disclose the issues that occurred during his first year of postgraduate training. Dr. El-Omrani responded to Board staff's inquiries, stating that he believed the question related to his training in anesthesiology as that is his current field of practice. During the course of the investigation, Dr. El-Omrani emailed the staff stating that he was concerned that his departure from the training program and not receiving credit would potentially affect his ability to gain licensure in Arizona.

Dr. El-Omrani apologized for misreading the application question and stated that there was no intention to hide information from the Board. He stated that the issues occurred during his training in internal medicine, and he understood the question to regard his anesthesiology training. Dr. El-Omrani stated that he was going through a difficult time in his life during his internal medicine postgraduate training, and that he had performed satisfactorily for all but one month of training that involved an attending that was particularly harsh. He reported that he successfully completed his training elsewhere, and that he has been at the University of Washington for around four years.

In response to Dr. Figge's questioning, Dr. El-Omrani explained that he sent a follow-up email to staff to clarify his previous statement regarding disclosure and stated he implied he was hoping it would not make an impact, but was misinterpreted that he was withholding information from the Board as he believed it would negatively impact his ability to gain Arizona licensure. Dr. Figge observed that while the anesthesiology training program was not ACGME approved at the time the applicant attended, the program has

since received accreditation. Dr. El-Omrani reported that he was asked to stay on as staff at the University of Washington, and participated in helping the program become accredited.

Dr. Paul observed that Dr. El-Omrani held the title of Clinical Instructor in Washington. Dr. El-Omrani stated that he was recruited to stay on as Acting Assistant Professor after completing one year fellowship training in the un-accredited program at the University of Washington. Dr. Figge stated given that the program has since become accredited, he found that the physician meets the criteria for Arizona licensure and spoke in support of granting licensure.

**MOTION: Dr. Figge moved for the Board to grant licensure.**  
**SECOND: Dr. Gillard**

Dr. Krahn spoke in support of the motion, and stated that she was comfortable with the Board's approach in this matter as she found the applicant's training to be sufficient. Dr. Krahn proposed that the Board consider discussing International ACGME at a future meeting and how it compares to ACGME. Executive Director McSorley reported that the discussion topic will be placed on a future meeting agenda for further discussion.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**  
**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**  
**MOTION PASSED.**

#### **N. MOTION FOR REHEARING/REVIEW (Formal Interview)**

1. MD-17-0873A, DAVID K. TOM, M.D., LIC. #43118

Attorney John Curtin spoke during the Public Statements portion of the meeting on behalf of Complainant TF.

Dr. Tom participated in the teleconference with Attorney Fred Cummings during the Board's consideration of this matter. Mr. Cummings stated that the Board's Order should be changed to an Advisory Letter with Non-Disciplinary CME Order. He stated that their motion related to several issues involving their belief that the penalty in this case was excessive, the medical literature provided to the Board supported that the physician met the standard of care, the fact that the physician no longer uses propofol, and that the medical records from the patient's subsequent treating physician were not obtained at the time the Board considered this case.

**MOTION: Dr. Beyer moved for the Board to deny the motion for rehearing/review.**  
**SECOND: Dr. Krahn**

Dr. Beyer stated that the motion for rehearing/review did not meet the criteria to warrant a rehearing or review. Vice-Chairman Gillard spoke against the motion and stated he found that parties made some good points in their request. Dr. Figge spoke in favor of the motion and stated that he did not find that the criteria for rehearing/review was met in this matter.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn. The following Board member voted against the motion: Vice-Chairman Gillard.**  
**VOTE: 9-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.**  
**MOTION PASSED.**

## CONSENT AGENDA

### O. PROPOSED CONSENT AGREEMENTS (Disciplinary)

1. MD-18-0410A, MD-19-0498A, MICHAEL J. ROSEN, M.D., LIC. #21267

Ms. Jones stated her concerns that the physician's conduct was egregious in both cases as well as concerns regarding financial exploitation of a patient. She noted that the Consent Agreement included two years of probation with requirements to complete the ProBE course for ethics in addition to medical recordkeeping CME. Ms. Jones suggested extending the probation to five years, and stated concerns regarding the physician's ability to be regulated by this Board. Chairman Farmer stated that he shared Ms. Jones' concerns, and noted that a Decree of Censure is the highest disciplinary option available to the Board, short of license revocation.

Dr. Krahn spoke in support of accepting the proposed Consent Agreement and agreed that the physician's actions were egregious. Dr. Krahn stated that she hoped the physician recognized this as an opportunity to learn and remediate the Board's concerns. Dr. Krahn added that any further violations by the physician may result in discussions regarding the surrender of licensure. Vice-Chairman Gillard also agreed with Ms. Jones' comments, and he stated that any violation of the Board's Order will not be looked at favorably by this Board. He spoke in support of accepting the proposed Consent Agreement.

**MOTION: Dr. Paul moved for the Board to accept the proposed Consent Agreement for a Decree of Censure and Two Year Probation. Within 12 months, complete no less than 15 hours of Board staff pre-approved Category I CME in an intensive, in-person course regarding prescribing controlled substances. Within 6 months, complete the ProBE program offered by CPEP for ethics, and complete CPEP's intensive, in-person course regarding medical recordkeeping. Within 30 days of completing the CME courses, enroll in CPEP's ProBE Plus. Dr. Rosen shall obtain an unconditional or conditionally passing grade. The CME hours shall be in addition to the hours required for license renewal. Within 30 days of completion of the CPEP CME, enroll in the PIP with successful completion. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.**

**SECOND: Vice-Chairman Gillard**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, and Dr. Krahn. The following Board member voted against the motion: Ms. Jones.**

**VOTE: 9-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

### P. APPROVAL OF DRAFT FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER

1. MD-19-0007A, AMAR P. SHARMA, M.D., LIC. #40693

Complainant RP addressed the Board during the Public Statements portion of the meeting.

AAG Smith informed the Board that there was an error noted in Finding of Fact #12 that was brought to her attention by the physician's counsel. She asked the Board to approve the revised draft provided for review and approval.

**MOTION: Ms. Jones moved for the Board to approve the revised draft Findings of Fact, Conclusions of Law and Order for a Letter of Reprimand and Probation. Within 12 months, complete the ME-15-Live offered by PBI. The CME shall be in addition to the hours required for license renewal. The Probation shall terminate**

upon proof of successful completion of the CME coursework, including receipt of an AIR letter from PBI.

**SECOND:** Dr. Bethancourt

**VOTE:** The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.

**VOTE:** 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

## **Q. LICENSE APPLICATIONS**

### **i. CONSIDERATION AND POSSIBLE ACTION TO APPROVE OR DENY LICENSE APPLICATION, OR TAKE OTHER ACTION**

**MOTION:** Dr. Krahn moved for the Board to approve the license in item numbers 1, 2, 3, 6, 7, 8, and 9.

**SECOND:** Ms. Jones

**VOTE:** The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.

**VOTE:** 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

1. MD-20-0202A, TAMELA A. MARTIN, M.D., LIC. #N/A

Dr. Martin addressed the Board during the Public Statements portion of the meeting.

**RESOLUTION:** Grant the license.

2. MD-20-0074A, CARRIE L. CARDA, M.D., LIC. #N/A

**RESOLUTION:** Grant the license.

3. MD-20-0214A, MANISH B. DESAI, M.D., LIC. #N/A

**RESOLUTION:** Grant the license.

4. MD-20-0156A, GHANSHYAM M. PATEL, M.D., LIC. #N/A

Vice-Chairman Gillard noted that the applicant graduated from a foreign medical school, which requires three years of post-graduate training in order to qualify for licensure in Arizona. AAG Smith clarified that applicants who have graduated from an unapproved school of medicine are required to have completed three years of post-graduate training or 36 months of teaching. Executive Director McSorley pointed out that the applicant had applied for Arizona licensure via the pathway of universal recognition. Dr. Figge recognized that Dr. Patel holds an unrestricted license in Illinois and has established residence in Arizona. Dr. Beyer stated that while Dr. Patel had issues in the past in Illinois, he did not believe that it should preclude him from obtaining licensure in Arizona.

**MOTION:** Vice-Chairman Gillard moved to grant licensure.

**SECOND:** Ms. Dorrel

**VOTE:** The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.

**VOTE:** 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.

**MOTION PASSED.**

5. MD-20-0201A, SIRISHA VADALI, M.D., LIC. #N/A

Dr. Vadali addressed the Board during the Public Statements portion of the meeting.



Ms. Jones expressed her concerns regarding the applicant's current probationary status that resulted from a single misdemeanor DUI. Ms. Jones noted that the applicant has fulfilled the terms of probation, and has six more months before it can be terminated. Ms. Jones also expressed concern regarding Dr. Vadali's failure to disclose the DUI to the fellowship program she is currently attending. Ms. Jones also pointed out that the record reflected that at the time of Dr. Vadali's arrest, she had made a statement that she should not be arrested because she worked in the medical field.

Dr. Krahn stated that she shared Ms. Jones' concerns, and stated that although the applicant had only a single DUI conviction, the level of intoxication noted at the time of the arrest was substantial. Dr. Krahn suggested that the applicant undergo a PHP assessment prior to making a determination on whether or not to grant licensure. Dr. Krahn also proposed that the Board invite the applicant for a Formal Licensing Interview following receipt of the PHP assessment results. Chairman Farmer stated that he too was concerned and felt that a PHP assessment was warranted in this matter.

**MOTION: Ms. Jones moved for the Board to return the case for further investigation to require the applicant to complete a PHP assessment with a Board-approved provider.**

**SECOND: Dr. Krahn**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

6. MD-20-0372A, GEORGE J. S. KALLINGAL, M.D., LIC. #N/A

**RESOLUTION: Grant the license.**

7. MD-20-0362A, DANIEL R. ALZHEIMER, M.D., LIC. #N/A

**RESOLUTION: Grant the license.**

8. MD-20-0353A, MICHAEL G. SENSION, M.D., LIC. #N/A

**RESOLUTION: Grant the license.**

9. MD-20-0369A, RAMESH VEDULA, M.D., LIC. #N/A

**RESOLUTION: Grant the license.**

ii. **CONSIDERATION AND POSSIBLE ACTION TO APPROVE OR DENY LICENSE APPLICATION, OR TAKE OTHER ACTION WITH STAFF RECOMMENDATION**

1. MD-19-0926A, ABDELBASET A. YOUSSEF, M.D., LIC. #N/A

Vice-Chairman Gillard noted that this matter was considered by the Board at a prior meeting at which time the Board voted to return the case to allow for the proper notification to the applicant with the applicable statutory citations. He also noted that the physician has not been in active practice since 2015. The Board discussed allowing the applicant an opportunity to withdraw the license application in lieu of formal license denial and to deny the license if the application is not withdrawn within thirty days.

**MOTION: Dr. Gillard moved for the Board to allow the applicant to withdraw the license application. If not withdrawn within 30 days, the license shall be denied based on A.R.S. § 32-1422(A)(4) and (6).**

**SECOND: Dr. Figge**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**  
**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**  
**MOTION PASSED.**

2. MD-19-0760A, BRETT D. GOETTSCH, M.D., LIC. #N/A

Dr. Goettsch and his wife, Beth Goettsch, addressed the Board during the Public Statements portion of the meeting.

Vice-Chairman Gillard noted that Dr. Goettsch allowed his Arizona license to lapse during investigation. He observed that SIRC recommended that the Board offer the applicant a probationary license to include a Decree of Censure and Five Year Probation to participate in PHP for aftercare monitoring.

**MOTION: Vice-Chairman Gillard moved for the Board to offer a Consent Agreement for a probationary license with a Decree of Censure and Five Year Probation for PHP monitoring. The Probation shall not terminate except upon affirmative request of the physician and approval by the Board.**  
**SECOND: Dr. Bethancourt**

Chairman Farmer noted a considerable lapse in the time that the applicant had been in active practice. Dr. Figge recognized Dr. Goettsch's efforts to remain up to date as he had reported completing around 600 CME hours. Dr. Wolf stated that the Board has often taken the position of requiring applicants who have been out of practice for longer than five years to complete a re-entry or competency evaluation. In instances where the applicant has been out of practice for less than two years, an evaluation has not been required. Dr. Wolf stated that the Board has demonstrated considerable discretion for matters involving applicants that have not engaged in active practice between 2-5 years.

Ms. Bain stated that she struggled with this matter in that granting the applicant a license would result in placing the doctor in a community with potential access to things that have been an issue for him in the past. Vice-Chairman Gillard commented that with the new requirements for electronic prescribing, controlled substances are not readily accessible.

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn. The following Board member voted against the motion: Ms. Bain.**  
**VOTE: 9-yay, 1-nay, 0-abstain, 0-recuse, 0-absent.**  
**MOTION PASSED.**

\*\*\*END OF CONSENT AGENDA\*\*\*

## **R. GENERAL CALL TO THE PUBLIC**

No individuals addressed the Board during the General Call to the Public.

## **S. ADJOURNMENT**

**MOTION: Ms. Jones moved for the Board to adjourn.**

**SECOND: Dr. Beyer**

**VOTE: The following Board members voted in favor of the motion: Chairman Farmer, Vice-Chairman Gillard, Dr. Paul, Ms. Bain, Dr. Bethancourt, Dr. Beyer, Ms. Dorrell, Dr. Figge, Ms. Jones, and Dr. Krahn.**

**VOTE: 10-yay, 0-nay, 0-abstain, 0-recuse, 0-absent.**

**MOTION PASSED.**

The Board's meeting adjourned at 3:04 p.m.



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Patricia E. McSorley, Executive Director

DRAFT